

**LICENSURE APPLICATION FOR HVAC, SHEETMETAL
AND REFRIGERATION CONTRACTOR**

ARKANSAS DEPARTMENT OF HEALTH	APPROVED _____ 20 ____
DIVISION OF PROTECTIVE HEALTH CODES	FOR _____
4815 W MARKHAM SLOT H-24	BY _____
LITTLE ROCK, AR 72205-3867	

1. NAME _____ D.O.B. _____
Last First Middle SS# _____

2. NEW FIRM NAME _____ PHONE _____

3. NEW FIRM'S DESIGNATED LICENSE HOLDER _____
(THE PERSON RESPONSIBLE FOR REGISTRANTS AND HVACR WORK PERFORMED)

4. NEW FIRM'S MAILING ADDRESS _____
NO. OR BOX STREET

_____ CITY COUNTY STATE ZIP CODE

5. HOME ADDRESS _____
NO. OR BOX STREET

_____ CITY COUNTY STATE ZIP CODE

6. WORK EXPERIENCE HISTORY _____
INVOLVING HVACR WORK
(SHOW DATES OF EMPLOYMENT) _____
AND NAMES OF EMPLOYERS) _____

7. TYPE OF HVACR LICENSE REQUESTED: CLASS A _____ CLASS B _____ CLASS C _____
CLASS D (SHEETMETAL) _____ CLASS E (REFRIGERATION) _____

(APPLICANTS MUST BE AT LEAST 18 YEARS OLD TO QUALIFY)

I HEREBY AFFIRM THAT I HAVE AT LEAST TWO (2) YEARS EXPERIENCE AS AN HVAC CONTRACTOR OR HAVE WORKED IN THE HVACR BUSINESS FOR AT LEAST TWO (2) YEARS AND THAT ALL OF THE FACTS, STATEMENTS AND ANSWERS CONTAINED HEREIN ARE TRUE.

APPLICANT SIGNATURE _____

THE APPLICANT SIGNING THIS APPLICATION, BEING DULY SWORN, DECLARES THAT THE FOREGOING STATEMENTS SUBSCRIBED TO BY HIM ARE TRUE AND TO THE BEST OF MY KNOWLEDGE PERSONALLY SIGNED THIS APPLICATION.

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, 20 ____

SIGNATURE OF NOTARY _____

STATE OF _____

COUNTY OF _____

(SEAL)

INSTRUCTIONS

READ ALL INSTRUCTIONS BEFORE COMPLETING THE APPLICATION

FAILURE TO COMPLY WITH ALL INSTRUCTIONS WILL DELAY

THE ISSUANCE OF YOUR LICENSE

**NOTE: ALL INFORMATION MUST BE TYPED
OR PRINTED LEGIBLY**

- 1) Type last name first.
- 2) Please indicate the name of the new firm. Please indicate new firm's designated license holder and contractor's license number.
- 3) Complete the new firm's mailing address and phone number.
- 4) Complete the city, state, zip and county.
- 5) Complete the date of birth beginning with month, day and year.
- 6) Please type in an "X" for the specific type of license you are requesting. Please mark only one license category per application.
- 7) For Class A, B, C, D or E applicant's signature.
- 8) Have the application notarized. The application will be sent back if it is not notarized.
- 9) **Please return application without fees.** You will be billed for fees after you've passed the prescribed examination.
- 10) Once your application has been approved, you will be sent a packet of information for the examination. If your application is denied, you will be notified as to why.
- 11) All billings, as well as future renewals, will be sent to the address on the application. It is the responsibility of the license holder to notify this office of any changes of address, phone number or change of company names.